U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

	For Official Use Ordy
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U -	2. Fiscal Year Covered From:				
8680	0] / 0] / 2004 Through: 78/31/2004				
3. Name and address of person filing.	4. Name, file number, and address of labor organization.				
Name JOSEPH A ALUES	Name GRAPHIC COMMUNICATIONS UNION 471M				
JOSEPH IMI NEUES	Labor Organization File Number 51649V				
	Labor Organization rate reminer [218 1 1 2 2				
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any STE 101				
Street 1406 ARREPONDO DR	Street 455 KEHOF BLUD				
City THE VILLAGES	City CAROL STREAM				
State FL ZIP Code + 4 32/62-0196	State <u> </u>				
5. Position in labor organization. PRESIDENT					
Enter appropriate data below if, during the past fiscal year, you or your sp	ouse or minor child directly or indirectly had any of the following interests				
(except as specimen in the exci	usivits set form in ano more constraint.				
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizate	derived income or other economic benefit of tion represents or is actively seeking to represent.				
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.				
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Sanora de la companya del companya de la companya del companya de la companya de	7.b. Amount.				
Street					
City	The state of the s				
	Land to the state of the state				
State ZIP Code + 4					
Sign of the state	prior de guide de la reconstitut de la grandage de la follogent de la representation de la representation de l Inature				
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)					
A					
Signed Good () Clivs	on 7-21-05 352-259-3792				
Signed Joseph Q. Alus	On <u>9-21-05</u> <u>352-259-3792</u> Date Telephone Number				

Name of Person Filing JOSEPH A. ALVES	File Number U-	ngga kinik pyyleidizmini zamanyo yyldyininin milaninyo indininda azaman kati indininda azaman indininda arabi				
9. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.						
8. Name and address of Business (including trade name, if any). Name GRAPHIC COMM 471M HEALTH & UELFARE FUND	9. Business deals with:					
Trade Name, if any:	a. Labor Organization					
P.O. Box, Bldg., Room No., if any STE 101	b. Trust c. Employer					
Street 456 KEHOE BLVD	Generalist					
City CAROL STREAM		-				
State ZL ZIP Code + 4 60 188-5203						
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.					
Name	PARTICIPATES IN LOCAL HEALTH 4					
Trade Name, if any:	WELFARE FUND					
P.O. Box, Bldg., Room No., if any						
Street	11.b. Approximate dollar value of such dealing.					
City	12 a Nature of interest held or income received	Last a service de la constante				
State ZIP Code ÷ 4	ADMINISTRATOR PART TIME SALARY					
	AND REIMBURSED EXPENSE					
	12.b. Amount.	33548.				
C. Received from any employer (other than an employer covered unde						
or from any labor relations consultant to an employer any payment of money		er or 20 Gridde No Odda Book rek visi () Avent vorum overspronger strong () All (All Colors bridge) de verste men i				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.					
Name		основующим				
Trade Name, if any:						
P.O. Box, Bidg., Room No., if any		A constraint of the constraint				
Street		PALLACIMENTE				
City		A Partie of the Control of the Contr				
State ZIP Code + 4						
13.b. is the Business an Employer or Consultant ?	14.b. Amount of payment.					

Name of Person Filling JOSEPH A. ALVES	File Number U-	nanya apada walao 1804 Kisi Mariana a angara wakabi Makalamwaka wakawa kata Maka di samuya waka ka sawa na pana				
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.						
8. Name and address of Business (Including trade name, if any). Name	9. Business deals with: a. Labor Organization b. Trust c. Employer	-				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.					
Name ERAPHIC COMMUNICATIONS NATIONAL Trade Name, if any: HEALTH & WELFARE FUNI	ACTUARIAL SERVICE					
P.O. Box, Bidg., Room No., if any						
Street 5 GATEWAY CENTER LOBLUD OF ALLIES	11.b. Approximate dollar value of such dealing.	248 182.				
City PITTSBURGH	12.a. Nature of interest held or income received					
State P/7 ZIP Code + 4 16012-1219	DINNER RECEPTION					
	d 2 h. American	161.				
	12.b. Amount.					
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.					
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.					
(including trade name, if any).						
Name		above a second				
Trade Name, if any:						
P.O. Box, Bldg., Room No., if any		4.000				
Street L		ACTIVATES AND A				
City						
State ZIP Code ÷ 4	14 b Arount of noursent					
13.b. is the Business an Employer or Consultant?	14.b. Amount of payment.					